



## REPORT OF NURSERY INSPECTION

| COUNTY:                               |  |   |  |  |  | DATE:  |  |  |                            |
|---------------------------------------|--|---|--|--|--|--|--|--|----------------------------|
| NURSERY NAME:                         |  | LICENSE NO.:  |  | PHONE NO.:   |  |  | REVIEWED BY:   |  |                            |
| NURSERY LOCATION:                     |  | MAILING ADDRESS:  |  |  |  |  | NURSERY ACREAGE TYPE:  TYPE 1 (any plant for planting, including ornamentals |  |                            |
|                                       |  |   |  |  |  | and potted plants)   |  |  |                            |
| TOTAL ACRES:                          | INSPECT  | ION DATE: HOURS:  |  |  |  |  | TYPE 2 (cut flowers & sod)   |  |                            |
| KIND OF NURSERY STOCK NO.             |  | LOCATION<br>(in the nursery)  | DEFECT OR<br>PEST  |  | LEVEL*<br>[T] [L]<br>[M] [H]                           | PDI<br>NUME  |  | HOLD   | RELEASE<br>DATE            |
|                                       |  |   |  |  |  |  |  |  |                            |
|                                       |  |   |  |  |  |  |  |  |                            |
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|                                       |  |   |  |  |  |  |  |  |                            |
|                                       |  |   |  |  |  |  |  |  |                            |
| YOU ARE REQUI                         | CTION 3060.  URSERY STO Y POTBOUN CIDUOUS F URSERY STO OD & AGRIC AG ISSUED:  BY NOTIFIED WITHOUT FI RED TO: PEST INFEST D TION OR LAE | OCK DEAD OR DYII  ID.  RUIT AND NUT TR  OCK NOT CORRECT  CULTURAL CODE:  YES  O THAT THE NURS  IRST OBTAINING F | Y STOCH NG CON REES WI CTLY LAI NO REES WI STLY LAI NO REERY ST PERMIS | K NOT IN CONDITION, SETH DEFECT BELED.  SEC. 5701 POOCK DESCISION FROM | DMPLIANCE RIOUSLY E IVE ROOTS ESTS  RIBED HER THE PROF | SEC. 5  REON SHAPER ENFO                                       | FROZEN<br>N GRAF<br>33421 GI<br>ALL NOT<br>DRCING                            | N OR SER<br>FTS.<br>RADES &<br>F BE SOL<br>OFFICER | STANDARDS  D OR R AND THAT |
| AGRICULTURAL COMMISSIONER:            |  |   | EN   | FORCING OF   | FICER:   |  |  |  |                            |
| ADDRESS: SIGNATURE OF PERSON NOTIFIED |  | TELE  | PHONE:   |  |  | CC: NURSERY  NURSERY & SEED PROGRAM ORIGIN COUNTY COMMISSIONER |  |  |                            |
| S.S.W. G. C. S. P. E. ROOM NOTHINED   |  |   |  |  |  |  | ORIGIN   | COUNTY (   | JUNIMISSIONER              |

<sup>\*</sup> KEY: T-TRACE L-LIGHT M-MEDIUM H-HEAVY